

Flu Billing Made Easier Video Transcript

[Valerie Speaks]0:00:45:xx

Hello, I'm Valerie Hart, welcome to your Centers for Medicare and Medicaid Services.

Flu vaccine and administration have been covered by Medicare for ten years, but we still hear from clinicians who want to protect their patients, but are puzzled about Medicare requirements.

In 1997, one of our agency's earliest efforts at provider education was a short video titled: Flu Billing Made Easy. Over the years, this has proven to be popular and durable. Thousands of free copies have been distributed by CMS and our carriers, intermediaries and Quality Improvement Organizations. Six years after its release, we are still getting requests for the tape on the CMS MedLearn page.

A lot has changed in Medicare since 1997, including:

- Our transition from HCFA to CMS
- Prospective Payment Systems for Outpatient, Home Health, SNF and Long Term Care,
- SNF and Home Health Consolidated Billing,
- HIPAA and
- Healthy People 2010 Goals

As you watch today's program, I'll be back from time to time to give you the latest update on Medicare billing for flu and pneumococcal vaccinations.

We call this new version of our original training: Flu Billing Made Easier. Don't forget to take a look at our flu billing guide on www.cms.hhs.gov/medlearn the home page of the Medicare Learning Network at CMS. Now, let's join Gwen Strand and learn more about billing Medicare for flu and pneumococcal shots.

[Gwen Strand Speaks]0:02:34:00

As a health care provider you can play a key role in improving health care outcomes and reducing health care expenditures in your community by offering flu shots and the pneumococcal polysaccharide, sometimes referred to as the pneumococcal pneumonia vaccination or PPV to Medicare beneficiaries.

Both vaccines are covered benefits under the Medicare program.

Hello, this program will show you just how easy it is to become a Medicare provider and to bill Medicare for flu and PPV shots using the roster billing process.

Now you don't have to roster bill, but if you plan to immunize many beneficiaries, you might want to consider the benefits of roster billing.

Before we take you through the enrollment and roster billing processes, let's first discuss Medicare coverage of the flu and PPV shots.

Coverage of the flu and PPV shots and their administration is available only under Medicare part B. They're covered under part B even when provided to an inpatient during a hospital stay covered under part A.

Medicare pays 100% of its allowable cost for flu and PPV shots and there's no part B deductible or coinsurance. Remember, payment does vary around the country.

It's important to note that Medicare beneficiaries enrolled in managed care plans should receive flu and PPV shots through their plan.

If you submit a claim for a managed care enrollee it will be denied if the enrollee is locked into seeing the plan's doctor.

A common question many providers have is whether a physician must be present when flu and PPV shots are administered.

[Dr. Spagnulo Speaks]0:04:20:xx

Medicare does not require a physician to be present for the administration of the flu vaccine. However, the law in individual states may require a physician's presence. For PPV's administration, Medicare does not require a physician to be present; however the law in individual states may require a physician's presence.

Generally, flu shots are provided once per flu season and the PPV is a once in a lifetime vaccine for Medicare beneficiaries 65 and over.

While flu is a seasonal vaccine and is offered in the fall and winter, PPV can be given at any time.

For patients at highest risk of serious pneumococcal infection, PPV revaccination may be administered provided that at least five years have passed since receipt of a previous dose. Routine revaccination of people aged 65 or over who are not at highest risk is not appropriate, however if a patient comes to your clinic or office and his PPV vaccination status is unknown, revaccinate him. Also, anyone who was vaccinated prior to 1983 when the new 23-valent pneumococcal vaccine was introduced should be revaccinated.

[Gwen Strand Speaks]0:05:36:xx

Now that we've reviewed Medicare's coverage policy, it's time to discuss how you can obtain Medicare reimbursement for providing flu and PPV shots. There are two types of providers that bill Medicare, those that bill the intermediary, and those that bill the carrier.

Providers that bill the intermediary include hospitals, home health agencies and skilled nursing facilities. Providers that bill the carrier include physicians, public health departments, and non-traditional providers and suppliers like drug stores, senior centers, shopping malls, and self-employed nurses.

[Valerie Speaks]0:06:12:xx

One way that we hope we have made flu billing easier is to make it easier to enroll as a Mass Immunizer. A mass immunizer is a health care provider who:

- can only provide immunization,
- must accept assignment and
- must submit a roster bill

Let's take a look at the CMS provider enrollment site and see just how quickly we can enroll as a mass immunizer.

Even though you still need to print out your enrollment form and send a signed copy to your Carrier or Intermediary, you can fill out the form on line. The on-line form will edit your entries as you make them and point you to help.

When we tried to enroll the fictional Wykoff Clinic in Needles California, we only had to answer 29 questions. However, if you want to bill Medicare electronically or use a billing service or a staffing company, there will be a few more questions to answer.

Our next segment is a 'How to Guide' for billing a Medicare carrier. Sharp eyed viewers will notice that Gwen is filling out her roster bill correctly for services provided before October 1,

2003. If Gwen's patient were getting their shot on or after October 1, the biller would use the new diagnosis code ICD-9-CM, V04.81. This diagnosis code is to be used on claims when the sole purpose for the visit is to administer the influenza virus vaccine. This would be true for Intermediary *and* Carrier billers. For more information on which diagnosis and procedure codes to use, check out the Procedure Codes section of our Flu Billing Guide. Now, back to Gwen.

[Gwen Speaks]0:08:08:xx

Once you have your provider number you're ready to begin billing Medicare for flu and PPV shots given to beneficiaries enrolled under Medicare part B. The roster billing process can make billing Medicare easier for you. When you roster bill you'll be sending your claim to the insurance carrier in your state.

[music]

[Gail Speaks]0:08:28:xx

Roster billing was instituted by Medicare in an effort to simplify the billing process for mass immunizers. The same process can be used for PPV shots as well as for flu shots. Medicare defines the term mass immunizer as an individual or entity that accepts assignment and submits claims on a roster bill. By accepting assignment we mean that providers who bill carriers for the shot must accept what Medicare pays and can not bill the beneficiary for the service.

The roster bill must contain the beneficiary's name, address, health insurance claim number, which is their Medicare number, date of birth, gender, beneficiary signature, date of service, and the provider's name and billing number.

It is important to note that Medicare is accepting a stamped signature on file on a roster claim to qualify as an actual signature allowing you to bill Medicare for those services.

Remember, you must maintain a signed authorization on file in the beneficiaries medical record, however, if you don't have access to an authorization on file, for example in a drug store, or grocery mass immunization setting, then a stamped signature on file for the beneficiary is not accepted.

[Gwen Speaks]0:09:50:xx

You must submit the roster bill and the appropriate **(CMS)** 1500 claim form to the carrier. Use separate **(CMS)** 1500 forms for flu and PPV and print the appropriate information related to either benefit on the claim form.

Attach a roster bill to one preprinted **(CMS)** 1500 claim form. Do not combine roster bills for flu shots with roster bills for PPV shots. Roster bills for flu shots should be attached to one preprinted **(CMS)** 1500 claim form, which contains flu billing information. Roster bills for PPV should be attached to one preprinted **(CMS)** 1500 claim form, which contains PPV billing information.

Remember, you don't have to complete the entire **(CMS)** 1500 claim form, just the information that's relevant to the flu and PPV benefit.

[Gail Speaks]0:10:46:xx

Mail the forms to your carrier. You can submit the claims on a schedule that suits your needs, daily, weekly, or biweekly. Of course, the sooner you submit the claims, the sooner you're going to receive reimbursement for the services.

[Gwen Speaks]0:11:00:xx

That's all there is to roster billing the carrier for flu and PPV shots. Let's learn how providers, like hospitals, home health agencies, and skilled nursing facilities bill the intermediary, the health insurance company that processes both part A and part B claims.

[Valerie Speaks]0:11:19:xx

Medicare providers who bill an intermediary are paid under a variety of methods. While some providers are still paid based on costs, most certified providers are paid under one of Medicare's Prospective Systems. Since these systems are updated annually, it's a good idea to check with your Intermediary early in your planning and make sure you aren't surprised by billing or coverage requirements in the Fall.

Roster billing is available to any provider that bills the intermediary for flu or PPV and meets the definition of a mass immunizer. Mass immunizers who bill the intermediary are defined the same way as mass immunizers who bill the carrier. The Intermediary roster bill is identical to the Carrier format, but the Intermediary roster must be attached to a preprinted 1450 claim form, also known as the UB92.

Please note, for Hospitals only, regardless of the date that you gave your patient their shot, your bill to Medicare must show the immunization as occurring on the date of discharge. Unless you are providing flu and PPV shots to hospital inpatients, you must vaccinate as least five or more beneficiaries on the same day in order to roster bill the intermediary.

It's important that office staff know enough about where patients are coming from and what other clinicians are treating them, to identify any patients who may be subject to SNF or Home Health Agency (HHA) consolidated billing.

One more thing to remember, while this is not a HIPAA compliant electronic roster bill, paper roster billing is specifically exempted from the administrative simplification provisions of HIPAA and the Administrative Simplification and Compliance Act.

This means that even the Medicare billers who are required to convert to EDI on October 16, 2003, may, if they wish, continue to submit paper roster bills. The paper roster bills will still be attached to a paper 1500 or UB-92, just as you have seen today. As with any other paper bill, roster bills take at least 28 days to pay. Electronic bills pay in half the time and your Carrier or Intermediary can give you free or low cost billing software that may be able to generate HIPAA compliant bills with the same number of keystrokes as the old, electronic roster bill.

For example, the PC Ace software provided by Trailblazer has a roster bill option on its professional billing menu. The information on the top of the screen can be filled out just

CORRECTION as of November 2005

Vaccine billing is not part of HHA consolidated billing. The only items and services bundled into home health are: Skilled Nursing (SN), Physical Therapy (PT), OT, SLP, MSW, HHA, and medical supplies.

Immunization services are subject to SNF consolidated billing for patients that are in a Medicare Part A Skilled Nursing Facility (SNF) stay. The SNF must submit a separate Medicare Part B bill with the preventive/screening services and they will receive Part B payment. Even if an outside entity provides the service for the Medicare Part A SNF resident, the SNF must submit the separate Medicare Part B bill and reimburse the outside entity, due to SNF consolidated billing rules

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once or the information can be transferred from earlier versions of Trailblazer software. The software permits clinic staff to edit the data as they enter it.

You can also recheck all of your bills for errors before they go to Trailblazer. The software also keeps track of what bills you have sent and what has been paid. Don't forget, once you can generate HIPAA compliant flu bills you can also bill Medicaid and private insurers.

Although mass immunizers must use a roster bill, any other Medicare provider or supplier can choose to roster bill or to include flu and or pneumococcal shots on their regular billing.

Why would someone who has a working billing system choose to use a second billing system for flu and pneumococcal?

Well in some cases, it's easier to schedule a flu shot clinic, rather than keep a supply of vaccine on hand to immunize patients on a flow basis. If these patients don't get any other services or, if you make special arrangements to give the shots, you might have a reason to keep costs and reimbursements for these services separate from the other services you provide. Roster billing may help you do that.

However you bill, If you bill for a flu shot on the same day as an office visit or other service, be sure your medical record documents that you met all requirements for both services.

In 1997, we met Dr. Ella Boyd, from the Ocean County Health Department. She told us how the New Jersey QIO had worked with local health departments to bill Medicare for flu shots. QIOs have always done a great job helping local health care providers immunize their patients and bill Medicare.

For more information on the help you can get from your QIO, visit the home page for the National Pneumonia Quality Improvement Project.

New Jersey isn't the only place where local health departments have become successful mass immunizers. Baltimore is home to one of the most successful community projects for adult immunization. The partnership between the City Health Department and a local community organization, Action for Community Enrichment or ACE, has been going strong for almost 7 years. This partnership has formed the nucleus of the Maryland Partnership for Prevention, a self-sustaining mass immunizer that serves the whole State.

This month, we sent our cameras into the field to ask our local experts for their advice on planning a community flu campaign. Here's what they told us.

[Anne Speaks]**0:17:09:xx**

I'm Dr. Anne Bailowitz, Bureau Chief of Child Health and Immunization at the Baltimore City Health Department.

[Emma Speaks]**0:17:17:xx**

I'm Emma McNair, Program Coordinator for the Baltimore City Health Department Immunization Outreach Program. I am also the ACE Coalition Co-Chair.

[Beverly Speaks]**0:17:26:xx**

I'm Beverly Kingsland, I'm the Nurse Supervisor for the Bureau of Child Health and Immunization for the Baltimore City Health Department and I am also a member of the ACE Coalition.

[Anne Speaks]**0:17:37:xx**

The Baltimore City Health Department, in collaboration with The Action for Community Enrichment (ACE), has worked since 1996 to increase immunization services to Baltimore City residents. In particular, the goal has been to increase the level of adult influenza and pneumococcal immunization among: African-American, Hispanic, Asian-American and Native-American citizens. During the 2002-2003 campaign, 3,583 doses of influenza vaccine and 477 doses of pneumococcal vaccine at 23 immunization clinics and various distribution sites. Increasing coverage against pneumococcal pneumonia has been a particular target over the past few years. The 2002-2003 figure is double that for the prior campaign season.

In 1995, the year before our efforts started, the influenza immunization rate for African-American Medicare beneficiaries living in Baltimore City was 11%. In 2000, five years into our efforts, coverage nearly tripled to 29.5%. Of course, campaigns alone cannot account for this entire increase. Traditional immunization sites remain active; our efforts may, however, even stimulate business at these locations.

The City also benefits by roster billing for these efforts. Profits are plowed back into the operating budget to support a variety of campaign related needs for the coming year. Including education and publicity.

[Emma Speaks]0:19:25:xx

To have a successful Flu Campaign, you should start as early as March. In Baltimore City, in collaboration with the ACE Coalition, we begin to order our flu vaccine in March. In April, from April to August, we partner-up with 25 other organizations that are a part of the coalition and we begin to actually form our Flu Campaign. At that time, we actually look back at last year's Flu Campaign and discuss what sites worked and what sites didn't work. And then we formulate a list of sites we would like to do from last year as well as to add sites. By August we now have a calendar that we've put together of sites that we're actually going to provide during this year's Flu Campaign. And by September, we will actually advertise, out to the public, our scheduled Flu Campaign Season.

[Beverly Speaks]0:20:22:xx

Typically, we start our ordering process in March. We order approximately 3,000 doses of flu vaccine. We have to order early, so we can get our orders in early, so we can get our deliveries early in the fall. We have not experienced any problems with flu vaccine delivery this year, so far. We do have our flu (vaccine) supply to start off our flu clinics in October. We did have experience previously, about two years ago, I think, as everybody did, because the flu (vaccine) supply was low. We did not get our Flu vaccine until November, we had actually started scheduling our flu clinics in October and panicked, because we had scheduled all these flu clinics and we did not have any vaccine. One of the things that we did was call around to some of the local health departments around Baltimore City and we found a county health department that was willing to loan us enough flu vaccine to start off our clinics in November. Last Year, we did not schedule any of our flu clinics in October, because we had been burned the year before. And went ahead and started scheduling them in November and we had a little bit of a problem up to the very, I think it was two days before the flu clinic actually was going off that we got the vaccine, but we were okay and supplies were fine last year. This year, as I said, we did not have any problem and we have enough doses to start off our flu clinics, our Celebrating Seniors Day, which is in October. It's our big kick-off event for our flu clinics. And we have enough doses to get us through a little while after that. And our flu vaccine, we are anticipating getting more at the end of September and then in mid-October. We should be fine.

[Anne Speaks]0:22:28:xx

We are HIPAA compliant. We are currently using the standard 'BCHD' Notice of Privacy Practices at all our immunization clinics. This is a document developed by the State Health Department and adapted to Baltimore's Health Department with appropriate legal guidance. The document informs all clients about how their public health information may be used; what is required by law and what rights are inherent to them as citizens. Contacts are given for questions and complaints.

During the 2003- 2004 influenza/pneumonia campaign, the form will be displayed at the registration desk. It will be signed by the client and retained with the data collection questionnaire. It will be retained in a locked cabinet at the Health Department. A second copy of the document will be given to the client for his or her records.

[Valerie Speaks]0:23:26:xx

One important note to health departments, health departments may bill Medicare for immunizations given to beneficiaries even if they provide immunizations free to all patients, regardless of their ability to pay.

If you're not a health department, please consult the guide that accompanies this video for information on when you can provide immunizations free of charge and still bill Medicare.

In 1997, many people thought that we would never reach the Healthy People 2000 goal of immunizing 60% of the high risk population. To everyone's surprise, we made it, but the Healthy People 2010 goal is 90% and community resources for prevention are stretched even thinner than before. Yet, according to some surveys, one Medicare flu shot in three is never billed to Medicare.

Reimbursement for flu vaccine and administration is recalculated every year and different methods apply depending on the type of Medicare provider giving the shots. Generally, reimbursement for the vaccine is based on the Average Wholesale Price of the vaccine in the market place or on the Medicare Provider's actual costs.

Depending on the other services you provide, Medicare reimbursement for vaccine administration may or may not be payable separately, but it should always be coded on your bill.

I hope you've seen today that it is possible to cut your patient's risk of getting the flu in half and bill Medicare, cost effectively. Your local Medicare Carrier, Intermediary, ESRD Network and Quality Improvement Organization are ready to help.

On behalf of CMS, our guests and the Medicare Learning Network, I'm Valerie Hart...Thanks for watching.